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# The Myth of Psychotherapy

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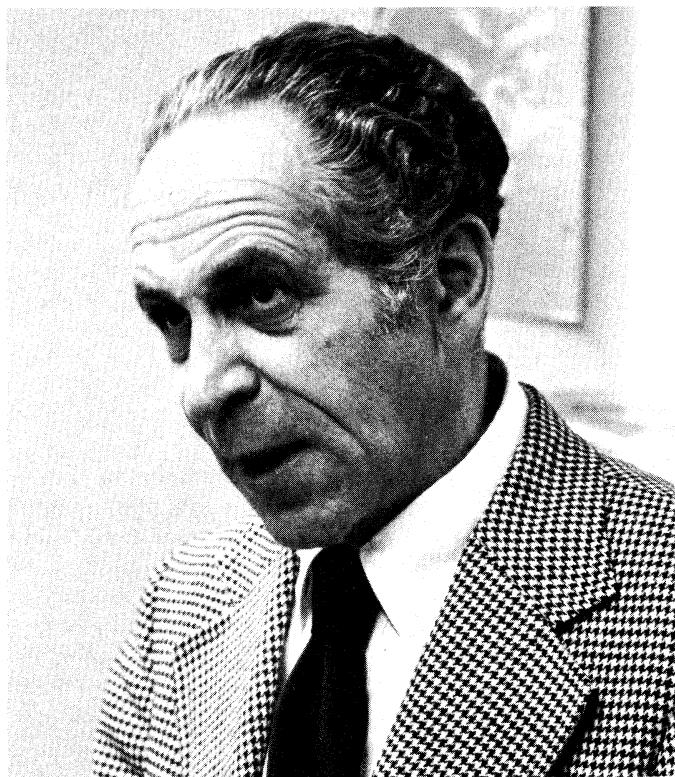
by Thomas Szasz

**I**t is widely believed today that just as some diseases and patients are, and ought to be, treated by means of chemotherapy or radiation therapy, others are, and ought to be, treated by means of psychotherapy. Our language, the mirror of our mind, reflects this equation of the medical and the mental. Fears and foibles are “psychiatric symptoms”; persons exhibiting these and countless other manifestations of “psychiatric diseases” are “psychiatric patients”; and the interventions sought by or imposed on them are “psychiatric treatments” among which “psychotherapies” occupy a prominent rank.

In several previous books, I have argued that this entire system of interlocking concepts, beliefs, and practices is incorrect and immoral. In *The Myth of Mental Illness* I showed why the concept of mental illness is erroneous and misleading; in *Law, Liberty, and Psychiatry*, why many of the legal uses to which psychiatric ideas and interventions are put are immoral and inimical to the ideas of individual freedom and responsibility; in *The Manufacture of Madness*, why the moral beliefs and social practices based on the concept of mental illness constitute an ideology of intolerance, with belief in mental illness and the persecution of mental patients having replaced belief in witchcraft and the persecution of witches. In the present work, I extend this critical perspective to the principles and practices of mental healing, in an effort to show that psychotherapeutic interventions are not medical but moral in character and are, therefore, not literal but metaphorical treatments.

There are three fundamental reasons for holding that psychotherapies are metaphorical treatments. First, if the conditions psychotherapists seek to cure are not diseases, then the procedures they use are not genuine treatments. Second, if such procedures are imposed on persons against their will, then they are tortures rather than treatments. And third, if the psychotherapeutic procedures consist of nothing but listening and talking, then they constitute a type of conversation which can be therapeutic only in a metaphorical sense.

In the eighteenth and nineteenth centuries, when people spoke of the “cure of souls,” everyone knew that the diseases



Dr. Thomas Szasz

such cures were supposed to heal were spiritual, that the therapists were clerical, and that the cures were metaphorical. Whereas today—with the soul securely displaced by the mind and the mind securely subsumed as a function of the brain—people speak of the “cure of minds,” and everyone knows that the diseases psychiatrists treat are basically similar to ordinary medical diseases, that the therapists who administer such treatment are physicians, and that the cures are the results of literal treatments.

This is neither the first nor most likely the last time in history that people have mistaken the metaphorical meaning of a word for its literal meaning and have then used the

literalized metaphor for their own personal and political purposes. In this book I shall try to show how coercion and conversation became analogized to medical treatment. The results are now all around us: dance therapy and sex therapy, art therapy and aversion therapy, behavior therapy and reality therapy, individual psychotherapy and group psychotherapy. Virtually anything anyone might do in the company of another person may now be defined as psychotherapeutic. If the definer has the proper credentials, and if his audience is sufficiently gullible, any such act will be publicly accepted and accredited as a form of psychotherapy.

**M**ental illness and mental treatment are symmetrical and indeed symbiotic ideas. The extension of somatic therapy into psychotherapy and the metaphorization of personal influence as psychotherapeutic coincide with the extension of pathology into psychopathology and the metaphorization of personal problems as mental diseases. Since the Freudian revolution, and especially since the Second World War, the secret formula has been this: If you want to debase what a person is doing, call his act psychopathological and call him mentally ill; if you want to exalt what a person is doing, call his act psychotherapeutic and call him a mental healer. Examples of this sort of speaking and writing abound.

It used to be that the forcible abduction of one person by another constituted kidnapping. The captor's efforts to change the moral beliefs of his captive constituted coerced religious conversion. Now these acts are called "deprogramming" and "reality therapy."

"Moonies' parents given custody; 'Deprogramming' sessions begin today," reads the headline of a typical recent newspaper story. From an Associated Press dispatch, we learn that "five young followers of the Rev. Sun Myung Moon today begin 'deprogramming' sessions their parents hope will change their lives. 'This is very scary,' said John Howard, 23, of Danville, California, after a court decision Thursday returned him and four others to the custody of their parents for 30 days. 'This is like the mental institutions they put dissidents in in Russia.' . . . Wayne Howard, an attorney for the parents, told reporters that 'reality therapy'—procedures commonly called deprogramming—'will begin immediately.'"

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Although an appeals court stayed the judicial order for "deprogramming," it upheld the order placing the "children" in their parents' custody. "'This is a case about the very essence of life—mother, father, and children,' said Judge Vavuris in his decision. 'There is nothing closer in our society than the family. A child is a child, even though the parent might be 90 and the child 60.'" Judge Vavuris was mistaken in asserting that there is, in our society, nothing "closer" (presumably meaning "more important") than the family: in modern American society psychiatry is even more important, just as in medieval European society Christianity was even more important. These, after all, are the institutions that legitimize the family and thus support society.

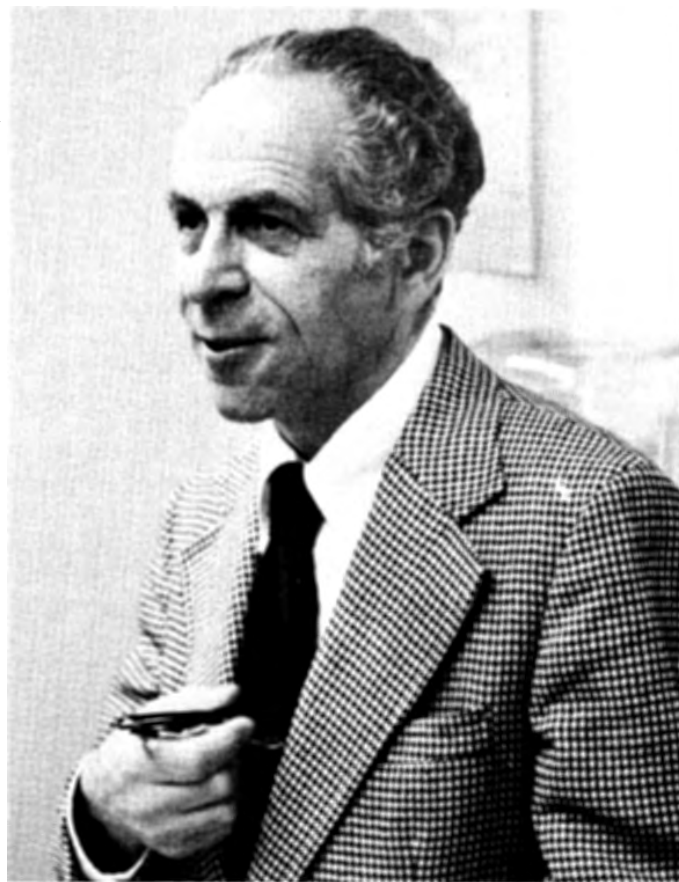
Of course, before there was deprogramming or reality therapy, there was incarceration in the good old-fashioned insane asylum. In the recent best seller *Haywire*, Brooke Hayward describes how that method of psychiatric treatment was used by her father and by the famed Menninger Clinic on her brother Bill. It is an episode that proved strangely unsettling to several reviewers of her book. John Leonard, for example, is dismayed that "[Leland] Hayward's [an important theatrical agent and producer] idea of being a father was to send his son to a mental institution in Topeka, Kansas, when 16-year-old Bill wanted to quit school." Peter Prescott writes even more indignantly—indeed, libelously, were it not true—that "Bill, the youngest [child], angered his father, who had him thrown into the Menninger psychiatric clinic for two years. Sane when he entered, he quickly deteriorated." For decades, the Menninger Clinic has been looked upon as the psychiatric equivalent of the Mayo Clinic, a veritable Lourdes for



lunatics. Nevertheless, in the context of their book reviews, these noted commentators allow themselves, and their readers, a momentary glimpse behind the psychotherapeutic rhetoric. They do not say, as Leland Hayward probably would have said, that Bill Hayward was confined in a psychiatric hospital because he was mentally ill; nor do they say, as the mad-doctors at the Menninger Clinic probably would have said, that the psychiatrists accepted Bill as a patient because he needed mental treatment. (After all, Hayward could not have "thrown" his son into a mental hospital if the psychiatrists had not agreed that he was a fit subject for psychotherapy.) The point, of course, is that when a person views the proceedings approvingly, he calls imprisonment in institutions such as the Menninger Clinic "psychotherapeutic."

Not only is confinement in a mental hospital therapeutic, but so is temporary leave from it. In 1976, New York State Department of Health Regulation #76-128 redefined "trial visits" as "therapeutic leaves." If being paroled from a mental hospital is a form of treatment, then of course Medicaid and insurance companies will pay for it. The justification for this piece of psychiatric legerdemain was articulated by an apologist for the American Psychiatric Association as follows: "Therapeutic leaves of increasing length as well as overnight leaves must be introduced as early as possible into the treatment plan. These leaves must be professionally monitored, regulated, and modified as clinical conditions require. . . . One has to conclude that not only are therapeutic leaves therapeutic, but that they are crucial to any rational treatment plan, and from a practical point of view they must be reimbursable." The Hospital Association of New York State has endorsed this view and has advised area hospitals that "day passes would be reimbursed if they were a part of a therapeutic plan and fully documented." Moreover, only so-called acute patients are limited to day passes; chronic patients can, apparently, have unlimited passes and their nonhospitalization may still be regarded as treatment and reimbursed by Medicaid. "Passes of greater than 24 hours duration were not possible under the present federal guidelines," according to the association, "except for chronic (hospitalization for more than 60 days) patients." The therapeutic possibilities of psychiatric semantics are clearly boundless.

A more amusing recent example of psychotherapy is the use of profanity. Traditionally, foul language has been regarded as a sign of poor manners. Since the psychiatric enlightenment, it is no doubt also a symptom of the passive-aggressive personality, and perhaps of other as yet undiscovered and unnamed mental maladies. During the declining days of the Nixon presidency, it was elevated to the ranks of psychotherapy—by, of all people, a Jesuit priest! On May 9, 1974, the *New York Times* reported that Dr. John McLaughlin, a Jesuit priest who was a special assistant to President Nixon, held a news conference in which he defended the president against growing charges that the "Watergate transcripts portrayed 'deplorable, disgusting, shabby, immoral performances' by the President and his aides." Referring specifically to the "liberal use of profanity" in the Watergate transcripts, Father McLaughlin declared



that "that language had 'no meaning, no moral meaning,' but served as a 'form of emotional drainage. This form of therapy is not only understandable,' Father McLaughlin said, 'but, I think, if looked at closely, good, valid, sound.'"

The most dramatic—and, at the same time, historically the most transparent—examples of how the language of psychopathology and psychotherapy is used to vilify and glorify various human acts lie in the area of sexual behavior. Three examples will suffice.

Throughout the nineteenth century masturbation was regarded as a cause and symptom of insanity. Today, it is a psychotherapeutic technique used by sex therapists. For example, Helen Kaplan emphasizes that even though "a patient can avoid talking about masturbation guilt in psychotherapy, she must come to terms with this issue if, in sex therapy, she is instructed to experiment with self-stimulation." "Sexual tasks" play an important role in Kaplan's therapeutic armamentarium. For retarded ejaculation she prescribes the following treatment: "The patient is instructed to ejaculate in situations which in the past had evoked progressively more intense anxiety. Initially, he may masturbate to orgasm in the presence of his partner. Then she may bring him to orgasm manually." In a similar vein, Jack Annon asserts that "masturbation may be therapeutically helpful in treating a wide variety of sexual problems and, therefore, it is important for the clinician to become knowledgeable and comfortable in the area if he or she wishes to take advantage of such a treatment modality." It is indeed unfortunate that masturbation is a tax-deductible activity only if it is prescribed by a physician.

For decades, nudism was considered a form of exhibitionism and voyeurism—that is, a perversion and hence a mental illness. Today, it is an accepted form of medical treatment. In reply to an inquiry from a reader, an editorial note in the authoritative journal, *Modern Medicine*, explains that “according to the Internal Revenue Service, such [*i.e.*, nude] therapy is a deductible medical expense if the patient is referred to the group by his physician and a written statement to that effect by the physician accompanies the patient’s tax return.”

One of the oldest tactics in the battle between the sexes must surely be the refusal of women to gratify the sexual desires of men. With the dawn of psychiatric enlightenment this behavior too has been attributed to mental illnesses, such as hysteria and frigidity; today, however, it is also enlisted in the struggle against mental illness, specifically as a cure of alcoholism. An item in *Parade* magazine begins with the following question: “How does a wife get a husband to stop drinking?” In Sydney, Australia, we learn, some wives do it by “withholding sex from their husbands.” Lest the reader unscientifically conclude that these women do this because they do not like, or are angry with, their husbands, we learn that the wives’ conduct is in fact a form of psychotherapy: “It’s all part of a program directed by Professor S. H. Lovibond, a psychologist at the University of New South Wales. ‘We don’t tell the wives,’ explains Professor Lovibond, ‘that withholding sex is the only aversion technique, but each is left to devise her own method. Quite a few have devised sex withholding to help an alcoholically addicted husband conquer his weakness.’” Professor Lovibond’s use of language is revealing: he calls alcoholism a weakness, and sex withholding an aversion technique. The article in *Parade* goes on to assure the reader that for husbands who might be happy with their wives’ sexual withholding, Professor Lovibond has more persuasive therapeutic tools at his command: “Professor Lovibond also uses electroshock therapy on his problem drinkers to dissuade heavy drinkers from the bottle.”

I cite these examples here not to argue that all so-called psychotherapies are coercive, fraudulent, or otherwise evil. That view is as false and foolish an oversimplification as is the view that all such interventions are healing, helpful, or otherwise good, merely because they are called “therapeutic.” My point is rather that many, perhaps most, so-called psychotherapeutic procedures are harmful for the so-called patients; that this simple fact is now obscured by the expanded, loose, metaphorical—in short, jargonized—contemporary use of the term *psychotherapy*; and that all such interventions and proposals should therefore be regarded as evil until they are proven otherwise.

**O**f course, people have always influenced each other, for better or for worse. With the development of modern psychotherapy, there arose a powerful tendency to view all previous attempts of this sort through the pseudomedical spectacles of psychiatry and to relabel them as psychotherapies. Accordingly, both psychiatrists and laymen now believe that magic, religion, faith-healing, witch-doctoring, prayer, animal magnetism, electrotherapy, hypnosis, suggestion,

and countless other human activities are *actually* different forms of psychotherapy. I consider this view objectionable. Instead of claiming that we have finally discovered the real nature of interpersonal influence and given it its proper name, *psychotherapy*, I believe our task should be to uncover and understand how this concept arose and how it now functions. That is the task I have set myself in this volume.

More specifically, I shall try to show how, with the decline of religion and the growth of science in the eighteenth century, the cure of (sinful) souls, which had been an integral part of the Christian religions, was recast as the cure of (sick) minds, and became an integral part of medical science. My aim in this enterprise has been to unmask the medical and therapeutic pretensions of psychiatry and psychotherapy. I

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have done so not because I think that medicine and treatment are bad things, but rather because, in the so-called mental health field, I know that the psychiatric and psychotherapeutic mythology is now used to disguise deception and conceal coercion—by psychiatrists, patients, politicians, jurists, journalists, and people in general.

Since people need myths to sustain their existence, however, there must be restraints on the pursuit of demythologizing. Accordingly, I have—in my life and in my writings—tried to distinguish between the use of myth to sustain a person’s own existence and its use to deceive and coerce others. Objecting to the personal use of a mythology in private, or between consenting adults, is objecting to religious freedom; objecting to the legal and political use of force and fraud concealed and justified by a mythology is objecting to religious persecution. One can, of course, believe in and defend freedom of religion without believing in the literal truth of any particular religion—theological, medical, or psychiatric. And one can object to religious coercion even though one might believe that some or all of the goals of that particular religion—theological, medical, or psychiatric—are desirable. In either case, one would be for freedom and against coercion—not for or against religion or medicine or psychiatry.

It is in this spirit that I have offered my previous efforts at demythologizing psychiatry, and in which I now offer my present effort at demythologizing psychotherapy.